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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA  
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

|  |   |  |
|--|---|--|
| 1. TITLE OF NEWSPAPER Dell City Journal  |   | 2. DATE 09/03/2021                                 |
| 3. FREQUENCY OF ISSUE Weekly   | 3A. NO. OF ISSUES PUBLISHED ANNUALLY 52 | 3B. ANNUAL SUBSCRIPTION PRICE \$ 38 45             |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)<br>(Not printers) 501 1/2 E 4th St Suite 1 Dell Rapids, SD 57022-9998  |   |  |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) New Century Press, INC. PO BOX 28 Rock Rapids, IA 51246-0028   |   |  |
| 6. FULL NAME OF PUBLISHER: New Century Press   |   |  |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)<br>FULL NAME<br>New Century Press<br>COMPLETE MAILING ADDRESS<br>PO BOX 28 Rock Rapids, IA 51246-0028 |   |  |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)   |   |  |
| 9. EXTENT AND NATURE OF CIRCULATION  |   | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS |
| A. TOTAL NO. COPIES (Net Press Run)  |   | 536  |
| B. PAID AND/OR REQUESTED CIRCULATION   |   | 529  |
| 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.  |   | 66   |
| 2. Mail Subscription<br>(Paid and or requested)  |   | 402  |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION<br>(Sum of 9B1 and 9B2)   |   | 468  |
| D. FREE DISTRIBUTION   |   | 432  |
| 1. BY MAIL, CARRIER OR OTHER MEANS   |   | 0  |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES  |   | 0  |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  |   | 442  |
| F. COPIES NOT DISTRIBUTED  |   | 529  |
| 1. Office use, left over, unaccounted, spoiled after printing  |   | 58   |
| 2. Return from News Agents   |   | 87   |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)   |   | 536  |
|  |   | 529  |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Lisa Miller LM  
(Title)

State of South Dakota )

County of \_\_\_\_\_ )

(Seal)

Sworn to before me this 24 day of Sept 2021  
Jodie Hoogendoorn  
Notary Public

My commission expires: 1-17-2023

